

# OFFICE OF EDUCATIONAL TECHNOLOGY QUEENS

Digital Destinations in History Application- 2011- 2012  
82-01 Rockaway Boulevard  
Queens, New York 11416



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment #	
City	State	ZIP	
Phone	E-mail Address		
Other E-mail Address	File Number	School	
DBN District, Borough, Name			
INFORMATION ABOUT YOUR TEACHING ASSIGNMENT			
Grade currently taught: Include all that apply			
Content area currently taught: Include all that apply			
DISCLAIMER AND SIGNATURE			
<b>By submitting this application, I am certifying that it is complete and accurate. I am also making the commitment to this program to attend all mandatory meetings/workshops and agreeing to become a school leader to share this professional development with other teachers. I will make a copy of this application and sign it, have my principal sign it and bring it to my first workshop.</b>			
Applicant's Name		Applicant's Signature	
Principal's Name		Principal'	

# Office of Educational Technology (Queens)

## Title IID Grants

### "Digital Destinations in History (DDIH)"

**"I Have Read It " Statement**

**Year Three – 2011-2012**

As a participating teacher in the DDIH grant, I have read the course materials, understand the grant expectations and agree to the following:

- ◇ I will complete a teacher pre-course survey on the first day of the course.
  - ◇ I will complete a teacher post-course survey on the last day of the course.
  - ◇ I will complete a post-workshop survey at the end of each workshop.
  - ◇ I will administer the student pre-assessment survey with students in my class in the beginning of the school year and the student post-assessment survey at the end of the school year.
  - ◇ I will submit these student surveys either online or on paper by due dates.
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- ◇ I will complete the Adult Photo Consent form.
  - ◇ I will submit a completed class set of Student Photo Consent forms signed by parents to OETQ by the next workshop date.
  - ◇ I will submit a list of students who have "Opted Out" of this requirement.
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- ◇ I will personally create instructional digital products (blog, podcast, graphic novel, google map, google tools) based on Social Studies topics appropriate to my grade and embed them on my wikispace page and on my blog.
  - ◇ My students will create these digital products (podcasts, google maps or graphic novels) based on Social Studies topics appropriate to my grade and I will embed them on my wikispace page and on my blog.
  - ◇ I will create and utilize my blog with my students to stimulate the writing process through teacher-student, peer-to-peer and school-home interaction.
  - ◇ I will prepare PBL projects with my students throughout the school year. My students and I will present these projects at the year-end Tech Fair.
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- ◇ I will bring one student-created first person narrative to specific workshops to be used as a script for the Google map, podcast, graphic novel.
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- ◇ I will turnkey my training to my school community and inquiry team as directed by my principal.
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- ◇ I will receive compensation for every Saturday workshop I attend.
  - ◇ I will receive equipment as determined appropriate by the Grant Administrator, W. Bracco.
  - ◇ I will acquire 21<sup>st</sup> Century teaching and learning skills.
  - ◇ I will acquire teacher effectiveness training.
  - ◇ I will acquire 20-24 hours of professional development credits toward NYSED teacher professional development mandate.

_____ Print Name	_____ School	_____ Date
Signature_____		

**Title IID Grants**  
**Digital Destinations In History**  
Orientation Meeting  
Office of Educational Technology  
8201 Rockaway Blvd, Ozone Park NY 11416  
**Agenda**



October 15, 2011 9:00-1:00

**Session 1:** (9:00-9:15) Welcome, Sign in,

**Session 2:** (9:15-10:15) Grant Overview

- Purpose/ Goal
- Requirements/ Expectations
- I have read it statement
- Turn keying
- Advanced training
- Choosing a graphic novel- <http://amazon.com>
- Completing paper form
- Completing google form on <http://edtechnyc.org/ddih>

**Session 3:** (10:15-11:00) Terra Clues

- Using Google Maps to create a Terra Clue
- Embedding onto your blog

**Session 4:** (10:45-11:30) <http://wetoku.com/> -free video conferencing software

- Using Wetoku
- Embedding conference onto your blog

**Session 5:** (11:30-12:30) Independent Activity

- Create a Terra Clue
- Create a wetoku with another participant and embed onto your blog

**Session 6:** (12:30- 12:45) Share out

**Session 7:** (12:45-1:00) Survey

Assignment: Bring in index cards and social studies words from your social studies word wall for next class (can bring in images of those words- for ELL /SpEd students)

**2010-11 APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (OP-175)**

**Directions:** This form must be completed and submitted to the per session supervisor prior to commencement of employment in a per session activity. A copy of this form must be retained by the per session supervisor. An applicant who wishes to claim retention rights must assert such a claim on this form. Retention rights may be claimed ONLY in one per session activity. No person may work more than 500 hours in one or a combination of per session activities (with a maximum of 270 hours in a school psychologist and/or school social worker position) without prior written approval of the Division of Human Resources in accordance with Chancellor's Regulation C-175.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ File No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Are you a full-time employee of the NYC Department of Education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate current work location: ISC \_\_\_\_\_ District \_\_\_\_\_ School/Office \_\_\_\_\_

License or Title \_\_\_\_\_ Hours of Employment from \_\_\_\_\_ to \_\_\_\_\_

2. Per Session Position for which you are Applying: Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_\_ No \_\_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

3. **Between July 1, 2010 and June 30, 2011 have you worked or do you plan to work in any other per session activity?** Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, indicate all positions below. Use additional sheets if necessary.

a. Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_\_ No \_\_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

b. Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_\_ No \_\_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

4. Will your total per session hours for this year, including the hours for the position for which you are applying, exceed 500? Yes \_\_\_\_\_ No \_\_\_\_\_

5. If yes, have you submitted a waiver request to exceed the 500 hour maximum? Yes \_\_\_\_\_ No \_\_\_\_\_

6. **Declaration:** I have read and understand the requirements in Chancellor's Regulation C-175. I understand that I am bound by this regulation. I affirm that the information give above is, to my knowledge, accurate and complete, and I understand that a willfully false answer to any question contained herein is a Class E felony which shall render this application null and void and may result in loss of retention rights, cancellation of per session employment, loss of pay, recoupment of compensation already paid, or disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

7. **Approval by Per Session Supervisor:** I certify that this applicant possesses the qualifications established for the position and that the selection was made after following advertising procedures set forth in Chancellor's Regulation C-175.

\_\_\_\_\_  
Signature of Per Session Program Supervisor

\_\_\_\_\_  
Date

OP-175 – 2010-2011

## **Parent Consent to Participate in the Evaluation of the Queens Educational Technology Program**

Dear Parent,

Your child's school is currently involved in a district-wide program so that teachers can use computers and other technology to help students learn more effectively. Design and Development Resources for Education and the Arts, Inc is collecting information about the program to help determine if it is working and how it can be improved. To do this successfully we need to know how students are using computers over the school year, and information about their academic progress in English Language Arts.

We will be analyzing students' English Language Arts scores by class. No child's name will be attached to the scores. This will not affect your child's academic standing, or participation in school programs or activities in any way.

Students will be asked to complete a brief survey at the beginning and the end of the program about how they use computers during school. This information will be used for our report and to help the schools make technology decisions. Your child's teacher will give out the survey in September/October of 2010 and again in June 2011. It has about 25 questions and should take your child about 15 minutes to complete.

**Participation is completely voluntary.** Your child will be asked whether he or she wants to take the survey and can either agree or refuse. The survey will be anonymous, meaning that no names will be used on the survey or attached to the forms. There are no penalties if your child does not take this survey.

There are no expected risks to your child by taking this survey. Surveys only include questions about educational experiences, not personal, social, emotional, or home experiences. The expected benefits will be that your child's school will be better able to make choices about instructional technology, providing greater access to students.

**If you object to your child's participation**, please sign and return this form to your child's teacher, identified below. **If you do not sign and return this form we will assume that you consent to your child's participation.**

**If you consent to your child's participation** no further response is necessary. **If you do not sign and return this form we will assume that you consent to your child's participation.**

***NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the information above and I DO NOT give permission for my child to participate in the data collection for the EETT program.***

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**Your Child's Name**

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**Teacher's Name/Class Number**

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**Your Signature**

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**Date**

If you have any questions you may contact the researchers at Design and Development Resources for Education and the Arts, Josephine Imbimbo at (646) 330-5951. You may also contact your child's teacher if you have questions about the technology survey.



Department of  
Education

Joel I. Klein  
Chancellor

82-01 Rockaway Blvd, Room 306  
Queens, New York 11416

718-642-5893 tel.  
718-348-2902 fax

## ADULT CONSENT FORM

I hereby give permission for my photograph, participation in interviews, movies, video tapes, use of quotes, artwork, poetry or other work produced in conjunction with a school project, class or extracurricular activity, to be put on the Department of Education's World Wide Web (WWW) site, in accordance with the policies set forth in the DOE's Internet Acceptable Use Policy.

I understand that the information to be posted does not include information from my permanent or cumulative record. I also understand that the information to be posted does not include other personal identifiable information such as my address, phone number, or social security number.

Name (Print) : \_\_\_\_\_

School: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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This document is to be retained by the Instructional Technology Department.

